Applicant/Patent Owner: Optobionics Corporation Application No./Patent No.: 10/600,404 Filed/Issue Date: 06/20/2003 Entitled: Multi-Phasic microphotodiode retinal implant and adaptive imaging retinal stimulation system Optobionics Corporation , a Delaware corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) the assignee of the entire right, title, and interest; or. 2. an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is %

in the patent application/patent identified above by virtue of either: A. X An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 9075 Frame 395 or for which a copy thereof is attached. OR B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: To: The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame_____, or for which a copy thereof is attached. 2. From: To: The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame , or for which a copy thereof is attached. 3. From:

1 Additional documents in the chain of title are listed on a supplemental sheet.

states that it is:

[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.051

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Christopher P. Moreno Typed or printed name Signature Attorney for Assignee

Title

DWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: 23418 Practitioners associated with the Customer Number: Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Number Name Registration Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 23418 ~ The address associated with Customer Number: ORFirm or

Assignee Name and Address:

Address

City

Country

Telephone

Ontobionics Corporation

850 East Diehl Road

Naperville, IL 60563

A copy of this form, together with a statement under 37 CFR 3.73(b) [Form PTO/SB/86 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,

and must identify the application in which this rower of Attorney is to be med.			
	Signature of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee		
Signature	Mah Miller	Date 03/28/2006	
Name	Michael Selzer	Telephone (630) 245 0600	
Title	Chief Executive Officer, Optobionics Corporation		

This collection of information is required by 37 CER 131, 132 and 133. The information is required to obtain or retain a benefit by the public which is to file lead by the LISPTO is process) an application. Confidentially is purement by 35 US.C. 22 and 37 CER 11 and 114. This collection is estimated to the 3 includes to compete, encluding pethedring, prepairing, and submitting the completed application form to the LISPTO. This will vary depending upon the Individual case. Any upon the competent application form to the LISPTO. This will vary depending upon the Individual case. Any upon the Comments on the amount of time to your require to complete this form and/or suppection for required in busider, should be sent to the Chile Information Officer, U.S. Peters and Timederson Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dos 1450, Alexandria, V.A. 2213-1450, V.A. 2215-1450.